N.M. OIL CONS. COMMISSION
P. BOX 1980
HOBBS, NEW MEXICO 88240

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.: NMLC 062269A*MAK
6. If Indian, Allottee or Tribe Name:
7. If Unit or CA, Agreement Designation: Federal
8. Well Name and No.: U S SMELTING #4
9. API Well No.: 300250816000S1
10. Field and Pool, or Exploratory Area: DOUBLE X DELAWARE
11. County or Parish, State: LEA COUNTY NM

1. Type of Well: [X] Oil Well [ ] Gas Well [ ] Other
2. Name of Operator: MARKS & GARNER PRODUCTION CO
3. Address and Telephone No.: POB 70 LOVINGTON NM 88260 505 396 5326
4. Location of Well (Footage, Sec., T., R., M., or Survey Description): 2310' FNL 1650' FEL SWNE 22 24S 32E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
[ ] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[X] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[ ] Other _____	[ ] Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

REPAIRED PUMPJACK 8-30-94
TESTED 1 BBL OIL PER DAY 0 WATER

RECEIVED
OCT 12 11 05 AM '94
CARLSBAD AREA

14. I hereby certify that the foregoing is true and correct
Signed: [signature] Title: PARTNER Date: 10-7-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side